

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee		FEC IDENTIFICATION NUMBER ▼ C C00492116	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>	

Full Name of Payee Revolution Media Group			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Mailing Address 1020 Princess St			Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 207000.00 </div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-277		
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Name of Federal Candidate Bruce Braley		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; margin: 0 10px;"> 257830.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Revolution Media Group			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Mailing Address 1020 Princess St			Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 343000.00 </div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-278		
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Name of Federal Candidate Tom Cotton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; margin: 0 10px;"> 392262.50 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> 550000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; margin: 0 10px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca J Olson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00492116 </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>	

Full Name of Payee Revolution Media Group			Date of Public Distribution/Dissemination		
Mailing Address 1020 Princess St			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
City Alexandria	State VA	Zip Code 22314	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">200000.00</div>		
Purpose of Expenditure Cable and Radio Advertising		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">004</div>	Transaction ID : E-279 Date of Disbursement or Obligation <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Name of Federal Candidate Dan Sullivan			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">236774.00</div>					

Full Name of Payee NMB Research, LLC			Date of Public Distribution/Dissemination		
Mailing Address 206 N Fayette St			<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
City Alexandria	State VA	Zip Code 22314	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">41000.00</div>		
Purpose of Expenditure Polling		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">005</div>	Transaction ID : E-280 Date of Disbursement or Obligation <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Name of Federal Candidate Bruce Braley			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">257830.00</div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">241000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee		FEC IDENTIFICATION NUMBER ▼ C C00492116	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	

Full Name of Payee NMB Research, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 206 N Fayette St		Amount 40000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-281
Purpose of Expenditure Polling	Category/Type 005	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Tom Cotton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee NMB Research, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 206 N Fayette St		Amount 34500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-282
Purpose of Expenditure Polling	Category/Type 005	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Dan Sullivan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	74500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1020 Princess St		Amount 2274.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-285
Purpose of Expenditure Radio and Cable Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Dan Sullivan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		236774.00	

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1020 Princess St		Amount 9262.50	
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-286
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Tom Cotton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		392262.50	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11536.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1020 Princess St		Amount 9830.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : E-287
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Bruce Braley		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		257830.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9830.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	886866.50

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